





HUMAN EMERGING RESPIRATORY PATHOGENS BULLETIN MONTHLY SITUATIONAL ANALYSIS OF EMERGING RESPIRATORY DISEASES AFFECTING HUMANS

Issue No 35 November 2019

IN THIS BULLETIN

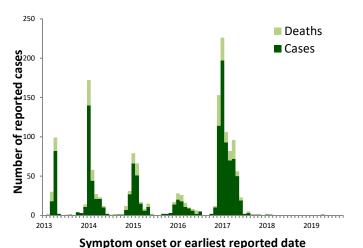
- 1. Novel Influenza Updates
- 2. MERS-CoV Updates

AVIAN INFLUENZA UPDATES

AVIAN INFLUENZA A(H7N9)

No new H7N9 cases were reported to the WHO in November 2019. The last case was reported in April 2019. A total of 1568 human cases of avian influenza A(H7N9), including at least 615 deaths, have been reported globally since 2013, with one case reported in wave 7 (November1, 2018 to September 30, 2019) (Figure 1). Two travel-related cases were reported in Canada in January 2015.

Figure 1. Temporal distribution of human infection with avian influenza A(H7N9), globally, by month and year, January 1, 2013 to November 30, 2019 (n=1568).



Note: Graph was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data

from the latest WHO Monthly Influenza at the Human-Animal Interface Risk Assessment. This graph reflects data available through these risk assessments as of November 30, 2019.

UPDATE ON HUMAN EMERGING RESPIRATORY
PATHOGEN PUBLIC HEALTH EVENTS
(AS OF NOVEMBER 30, 2019)

NOVEL INFLUENZA ¹	[N CUMULATIVE CASES ² (DEATHS), CFR% ³]
A(H7N9)	[1568 (615), 39%]
A(H5N1)	[879 (461), 52%]
A(H9N2)	[53 (1), <1%]
A(H5N6)	[24 (7), 29%]
A(H7N4)	[1 (0), 0%]
A(H1N2) ⁴	[2 (0), 0%]
A(H3N2)v	[435 (1), <1%]
A(H1N2)v	[26 (0), 0%]
A(H1N1)v	[23 (0), 0%]
MERS-CoV ¹	
Global case count	[2494 (855), 34%]
Saudi Arabia	[2102 (777), 37%]

¹Date of 1⁸¹ Reported Case of Human Infection: MERS-CoV: February 2013 (retrospective case finding September 2012). A(H7N9): March 2013. A(H5N1): 1997. A(H9N2): 1998. A(H5N6): 2014. A(H7N4): February 2018. A(H3N2)v with M gene from pH1N1: 2011. A(H1N2)v: 2005. A(H1N1)v: 2005.

*Cumulative Case Counts: updated using data reported by the World Health Organization (avian and swine influenza, MERS CoV), and the United States Centers for Disease Control and Prevention (US CDC) (pulse influenza)

(swine influenza).

3 Case Fatality Rate: The proportion of cases that resulted in death.

⁴Seasonal reassortant: virus is a reassortant of the A(H1N1)pdm09 and A(H3N2) seasonal strains. seasonal strains.

AVIAN INFLUENZA A(H5N1)

No new H5N1 cases were reported to the WHO in November 2019. The most recent case of H5N1 was reported in March 25, 2019 in Nepal. A total of 879 cases including 461 deaths have been reported globally since 1997. One fatal travel-related case of H5N1 was reported in Canada in January 2014.

AVIAN INFLUENZA A(H5N6)

No new cases of H5N6 were reported to the WHO in November 2019. The most recent case of H5N6 was reported in China in August 2019. There have been a total of 24 cases, including 7 deaths, reported globally since 2014, all in China.





AVIAN INFLUENZA A(H9N2)

The National Health Commission of China notified the WHO of two new cases of H9N2 on November 12 and 22 2019. The first case is a 4-year-old female from Fujian, China with symptom onset on October 26, 2019. The second case is a 5-year-old female from Anhui, China with symptom onset on November 12, 2019. Both cases had a history of poultry exposure. No additional cases have been detected via contact tracing, however close contacts are under observation. The two cases have recovered. Prior to these cases, the most recent case of H9N2 was reported in March 2019 in China. Globally, 53 cases, including one death, have been reported since 1998.

AVIAN INFLUENZA A(H7N4)

No new cases of H7N4 were reported to the WHO in November 2019. On February 14, 2018, the WHO was notified of the first known human case of H7N4. The case was associated with poultry exposure. No cases have been reported since.

SWINE INFLUENZA UPDATES

SWINE ORIGIN INFLUENZA A(H3N2)v

The most recent case of swine origin influenza H3N2v was reported in June 2018 in the United States. The case reported exposure to swine at an agricultural fair. A total of 435 cases, including 1 death, have been reported globally since 2011. One locally-acquired case of H3N2v was reported in Canada in December 2016.

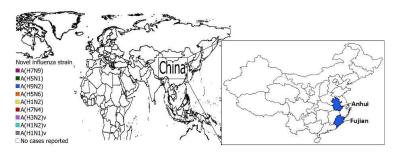
SWINE ORIGIN INFLUENZA A(H1N2)v

The most recent case of swine origin influenza H1N2v was reported in August 2018 in the United States. The case reported exposure to swine at an agricultural fair. A total of 26 confirmed cases of H1N2v have been reported in the United States since 2005. Most of the reported cases resulted in mild illness.

SWINE ORIGIN INFLUENZA A(H1N1)v

The most recent case of swine origin influenza H1N1v was reported in May 2019 in the United States. The case was over 65 years, had no history of swine exposure, and has fully recovered. A total of 23 cases have been reported globally since 2005. To date, the reported H1N1v infections have been associated with mild illness.

Figure 2. Spatial distribution of human cases of avian and swine influenza reported globally in November 2019 (n=2).



Note: Map was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data from the latest WHO Monthly Influenza at the Human-Animal Interface Risk Assessment. This map reflects data available through these risk assessments as of November 30, 2019.

MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (MERS-COV)

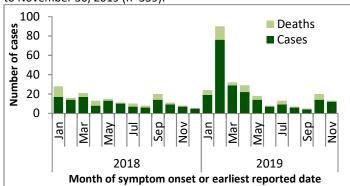
On November 2019, 12 new cases of MERS-CoV, including one death were reported across six regions in Saudi Arabia (Figure 3, Figure 4). The majority of cases were male (n=11, 92%), and the median age was 54 years (range: 31 to 83 years). Five cases (42%) had known primary camel exposure and six cases (50%) had unknown exposure but were classified as primary, meaning it is unlikely that they acquired the infection from a human MERS case. One case, a 49 year-old female, had unknown exposure but was classified as secondary, meaning that exposure was likely from another MERS patient; however, the source has not been identified. A total of 2494 laboratory-confirmed cases of MERS-CoV, including 855 deaths, have been reported globally since 2012 by the WHO. No cases have been reported in Canada.

Figure 3. Spatial distribution of human cases of MERS-CoV reported in November 2019 (n=12).



Note: Map was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data from the latest WHO Disease Outbreak News and Saudi Arabia's Ministry of Health. This map reflects data available through these risk assessments as of November 30, 2019.

Figure 4. Temporal distribution of human cases of MERS-CoV reported to the WHO, globally, by month and year, January 1, 2018 to November 30, 2019 (n=339).



Note: Graph was prepared by the Centre for Immunization and Respiratory Infectious Diseases (CIRID) using data from the WHO Disease Outbreak News and Saudi Arabia's Ministry of Health. This graph reflects data available as of November 30, 2019.